



The Commonwealth of Massachusetts
Department of Fire Services – Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS
527 CMR 31.05

City/Town

Date

Address of Installation:

In accordance with the provisions of
M.G.L. 148 Sec. 26F½ and 527 CMR
31 application is hereby made by:

(Person)

(Firm)

(Address)

(City/Town) (State)

(Tel.)

Permit No.

Fee

For permission to install carbon
monoxide alarm protection in
accordance with technical option(s)

- ☐ Option A
☐ Option B
☐ Option C
☐ Option D
☐ Option E
☐ Option F
☐ Option G
☐ Option H

(Check all that apply)

Signature of Applicant

FIRE DEPARTMENT USE ONLY:

Approval for installation granted

Date

Signature and Title of Fire Department Official

Completed installation approved

Date

Signature and Title of Fire Department Official

Original to Fire Department
Copy to Applicant